AMENDMENT TRANSMITTAL LETTER							Docket No. 3749-0112PUS1	
Application No.		Filing		Examiner		Art Unit		
10/577,008-Conf. #7226		August 7	, 2006	O. N. Chernysh		ev	1649	
olicant(s): Tost		•	ED'S DISEAS	SF.				
Amendment nmissioner for F . Box 1450 xandria, VA 223	atents							
ansmitted here e fee has been					lication.			
			S AS AMEN					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	12	- 20 =	0	х	50.00		0.00	
ndependent Claims	1	- 3 =	0	х	210.00		0.00	
Multiple Depend	ent Claims (ch	eck if applicabl	le)					
Other fee (pleas	e specify):							
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:							0.00	
	I fee is require ge Deposit Acc copy of this she	ount No.	i		Small Entity			
=	e amount of \$			sed.				
≓ ′ ′	credit card. Fo							
_	is hereby auth below. A dup ny overpaymer	licate copy of				02-:	2448	
<u></u>	ny additional fili		on processing	fees rec	quired under 37	7 CFR 1.1	6 and 1,17.	
MaryAnne Arms Attorney Reg. N					Dated:	0010		
BIRCH, STEWA		H & BIRCH, L	LP					